



KENTUCKY TRANSPORTATION CABINET  
Division of Motor Vehicle Licensing  
P.O. Box 2014  
Frankfort, KY 40622  
Phone Number 502-564-2737 Fax: 502-564-1686

TC 96-16T  
March, 2010

REQUEST BY TOWING AND STORAGE COMPANIES AND CREDITORS IN POSSESSION FOR MOTOR VEHICLE OR BOAT  
RECORDS THAT INCLUDE PERSONAL INFORMATION  
Driver's Privacy Protection Act of 1994 Section 2721

I hereby request the following Information:

**SELECT ONE:**

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> TOWING AND STORAGE | <input type="checkbox"/> CREDITOR IN POSSESSION | <input type="checkbox"/> BOAT        |
| <input type="checkbox"/> KY Search Only     | <input type="checkbox"/> 50 State Search        | <input type="checkbox"/> Lien Holder |

VIN OR HIN Number: \_\_\_\_\_

Title \_\_\_\_\_

License Plate \_\_\_\_\_

**Please place initials beside box you check.**

- \_\_\_ ☐ For use in providing notice to the owners of towed or impounded vehicles.  
\_\_\_ ☐ For use in providing notice to the owner of Creditor in Possession.  
\_\_\_ ☐ For use in providing notice to the owner of Boats.

Pursuant to section 2722 of the Driver's Privacy Protection Act of 1994, it is unlawful for any person knowingly to obtain or disclose personal information from a motor vehicle record, for any use not permitted under section 2721 (b) of the Act. I certify that this release of information is permissible for the reason checked above and will be used only as indicated. The undersigned takes full responsibility for any violations of this Act. A fee of \$3.00 per record requested is required with this completed form. Please make check or money order payable to the Kentucky State Treasurer.

\_\_\_\_\_  
Printed name of Person Making Request

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency or Company (if applicable)

\_\_\_\_\_  
Address

STATE OF \_\_\_\_\_

\_\_\_\_\_  
City

State

Zip Code

County of \_\_\_\_\_

\_\_\_\_\_  
Telephone number

Signed and sworn before me this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

**For Motor Vehicle Licensing use only**

**Date Processed:** \_\_\_\_\_

**Fees Collected:** \_\_\_\_\_

**Clerks Initials:** \_\_\_\_\_